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PTO/SB/21 (05-03)

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JUN 30 2003

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P A T E N T & T R A D E M A R K S  
JUN 30 2003

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

(to be used for all correspondence after initial filing)	Application Number	09/905,627	
	Filing Date	July 13, 2001	
	First Named Inventor	Graham, James J.	
	Art Unit		
	Examiner Name		
Total Number of Pages in This Submission	6	Attorney Docket Number	040040-000110US

**ENCLOSURES (Check all that apply)**

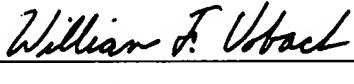
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="margin-left: 20px;">Return Postcard</div>
<span style="border: 1px solid black; padding: 2px;">Remarks</span>		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

**RECEIVED**

JUL 03 2003

Technology Center 2100

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual	Townsend and Townsend and Crew LLP William F. Vobach	
Signature		
Date	June 25, 2003	

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Kay Barclay		
Signature		Date	June 25, 2003

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DE 7108565 v1

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# FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 0

Complete if Known

Application Number	09/905,627	RECEIVED
Filing Date	July 13, 2001	
First Named Inventor	Graham, James J.	JUL 03 2003
Examiner Name		
Art Unit		Technology Center 2100
Attorney Docket No.	040040-000110US	

## METHOD OF PAYMENT (check all that apply)

- Check  Credit Card  MoneyOrder  Other  None  
 Deposit Account:

Deposit Account Number	20-1430
Deposit Account Name	Townsend and Townsend and Crew LLP

## The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1001 750	2001 375	Utility filing fee	
1002 330	2002 165	Design filing fee	
1003 520	2003 260	Plant filing fee	
1004 750	2004 375	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	

SUBTOTAL (1) (\$)

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fees from below	Fee Paid
				X	=

## Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 84	2201 42	Independent claims in excess of 3
1203 280	2203 140	Multiple dependent claim, if not paid
1204 84	2204 42	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Entity	Small Entity	Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee (\$)		
1051 130	2051 65	1053 130	1804 920*	Surcharge - late filing fee or oath	
1052 50	2052 25	1812 2,520	1805 1,840*	Surcharge - late provisional filing fee or cover sheet.	
				Non-English specification	
				For filing a request for reexamination	
				Requesting publication of SIR prior to Examiner action	
				Requesting publication of SIR after Examiner action	
				Extension for reply within first month	
				Extension for reply within second month	
				Extension for reply within third month	
				Extension for reply within fourth month	
				Extension for reply within fifth month	
				Notice of Appeal	
				Filing a brief in support of an appeal	
				Request for oral hearing	
				Petition to institute a public use proceeding	
				Petition to revive – unavoidable	
				Petition to revive – unintentional	
				Utility issue fee (or reissue)	
				Design issue fee	
				Plant issue fee	
				Petitions to the Commissioner	
				Petitions related to provisional applications	
				Submission of Information Disclosure Stmt	
				Recording each patent assignment per property (times number of properties)	
				Filing a submission after final rejection (37 CFR § 1.129(a))	
				For each additional invention to be examined (37 CFR § 1.129(b))	
				Request for Continued Examination (RCE)	
				Request for expedited examination of a design application	
				Other fee (specify) _____	

\*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	William F. Vobach	Registration No. (Attorney/Agent)	39,411	Telephone	303-571-4000
Signature	<i>William F. Vobach</i>			Date	June 25, 2003

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